
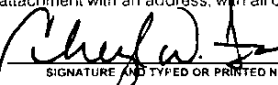


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90092 010 ***150.00

DOCUMENT # P17898 1. Entity Name GREYHOUND LINES, INC.					
Principal Place of Business C/O TAX DPT BOX 660362 DALLAS, TX 75266-7362			Mailing Address C/O TAX DPT BOX 660362 DALLAS, TX 75266-7362		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 86-0572343 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GORMAN, STEPHEN E 15110 NORTH DALLAS PKWY DALLAS, TX 75248	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSGC SOUTHERST, MARK E 15110 N DALLAS PKWY DALLAS, TX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	CLO/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT FARMER, CHERYL W 15110 N DALLAS PKWY DALLAS, TX 75248	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD HAUGSLAND, JACK W 15110 NORTH DALLAS PKWY DALLAS, TX 75248	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ALEXANDER, GREGORY 15110 NORTH DALLAS PKWY DALLAS, TX 75248	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Christopher Ensenberger 15110 N Dallas Pkwy Dallas, TX 75248 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BURK, TEDDY F 15110 NORTH DALLAS PKWY DALLAS, TX 75248	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Cheryl W. Farmer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 972-789-7000 <small>Daytime Phone #</small>	